PTO/SB/17 (10-07)
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to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008 Application Number Application Number Filing Date December 9, 2003 First Named Inventor Examiner Name R. M. Bemben Art Unit 2622 TOTAL AMOUNT OF PAYMENT (\$) 1,050.00 Attomey Docket No. Deposit Account Deposit Account Number: O2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, Li For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
FILING Date December 9, 2003 First Named Inventor Sugio MAKISHIMA Examiner Name R. M. Bemben Applicant ctaims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,050.00 Attomey Docket No. 2091-0304P METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, Li	
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	fee
	fee
x Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing	
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
FEE CALCULATION	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	
FILING FEES SEARCH FEES EXAMINATION FEES	
Small Entity Small Entity Small Entity Application Type Fee (\$)	
Utility 310 155 510 255 210 105	
Design 210 105 100 50 130 65	_
Plant 210 105 310 155 160 80	_
Reissue 310 155 510 255 620 310	
Provisional 210 105 0 0 0 0	
12. EXCESS CLAIM FEES Small E	n <u>tit</u> y
Fee (\$) Fee	
	25
Each independent claim over 3 (including Reissues) 210)5
Multiple dependent claims 370 18	35
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims	
10 -= 20 x = 0.00 <u>Fee (\$)</u> Fee Paid (\$)	
HP ≠ highest number of total claims paid for, if greater than 20.	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	
2 = 3 × = 0.00	
HP = highest number of independent claims paid for, if greater than 3.	
3. APPLICATION SIZE FEE	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$	į
- 100 = /50 = (round up to a whole number) x =	
4. OTHER FEE(S) Fees Paid (S)
Non-English Specification \$130 fee (no small entity discount)	
Other (e.g., later (ling surcharge): 1253 Extension for response within third month 1,050.00	
SUBMITTED BY	
Registration No. (703) 205-8035 (Attorney/Agent) 40,439 Telephone (703) 205-8035	i
Name (Print/Турв) D. Richard Anderson Date January 16, 200	8